

**EMPLOYER TESTING PROGRAM  
APPLICATION FOR EMPLOYER NUMBER  
FEE: \$15.00**

*For clarity, please complete this form with a black pen or typewriter.*

**LIST APPLICATION TYPE:** ☐ Original ☐ Renewal

**CHANGE OF:**

- ☐ Address (Section 1 & 4) ☐ Authorized Representative (Sections 1, 3, & 4)  
☐ Class of License (Section 1, 2, & 4) ☐ Administrator (Complete Entire Application)

FOR DMV USE ONLY		
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Fee <input type="checkbox"/> No Fee
<input type="checkbox"/> Change of Class	<input type="checkbox"/> Change of Authorized Representative	
<input type="checkbox"/> Change of Administrator		
EFFECTIVE DATE OF AGREEMENT		APPROVED BY
CLASS APPROVED FOR	PRESENT DATE	COMPANY CHECK #
EMPLOYER #		DATE LETTER SENT

<b>SECTION 1</b>	NAME OF EMPLOYER	PREVIOUS EMPLOYER NUMBER
	MAILING ADDRESS	PHONE NUMBER ( ) or ( )
	STREET ADDRESS	CITY STATE ZIP CODE

1. Indicate number of commercial drivers employed \_\_\_\_\_. Number of commercial vehicles in fleet \_\_\_\_\_.  
 2. Describe nature of business and use of vehicles: \_\_\_\_\_.

<b>SECTION 2</b>	3. I wish to certify for: (Must be in conjunction with the nature of the business.)
	<input type="checkbox"/> Class A non-passenger (tractor-trailer) drive test <input type="checkbox"/> Class B non-passenger drive test <input type="checkbox"/> Class A passenger (trailer bus) drive test <input type="checkbox"/> Class B Bus 11-15 passengers including the driver <input type="checkbox"/> Class A non-commercial Firefighter <input type="checkbox"/> Class B Bus 16 or more passengers including the driver. <input type="checkbox"/> Class B non-commercial Firefighter

4. My employees are driving vehicles carrying hazardous materials. ☐ Yes ☐ No  
 5. Location where my company's drive tests will be conducted at: ☐ Additional page(s) attached.  
☐ PRIMARY ROUTE APPROVAL # STREET ADDRESS CITY STATE ZIP (AREA CODE) PHONE ( )  
☐ ALTERNATE ROUTE APPROVAL # STREET ADDRESS CITY STATE ZIP (AREA CODE) PHONE ( )  
 6. My company's training, testing, and employment records are kept at: ☐ Additional page(s) attached.  
 FACILITY NAME STREET ADDRESS CITY STATE ZIP (AREA CODE) PHONE ( )  
 ( )

<b>SECTION 3</b>	7. List of Authorized Representatives: <input type="checkbox"/> Additional page(s) attached.																																								
	<table border="1"> <thead> <tr> <th>NAME</th> <th>DL #</th> <th>PHONE #</th> <th>STREET ADDRESS</th> <th>CITY</th> <th>STATE</th> <th>ZIP</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td colspan="7"></td> <td><input type="checkbox"/> ADD</td> </tr> <tr> <td colspan="7"></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td colspan="7"></td> <td><input type="checkbox"/> ADD</td> </tr> <tr> <td colspan="7"></td> <td><input type="checkbox"/> DELETE</td> </tr> </tbody> </table>	NAME	DL #	PHONE #	STREET ADDRESS	CITY	STATE	ZIP	DATE								<input type="checkbox"/> ADD								<input type="checkbox"/> DELETE								<input type="checkbox"/> ADD								<input type="checkbox"/> DELETE
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8. Employer is in the Pull Notice Program (EPN) ☐ Yes ☐ No, if yes, EPN Number \_\_\_\_\_

<b>SECTION 4</b>	If my company does not fulfill its responsibilities or no longer qualifies for an employer number under Vehicle Code Section 15250, I understand that the department will cancel, suspend or revoke my employer number. I further certify the Employer will abide by the provisions in Title 13, California Code of Regulations, Article 2.1, & 25.06 - 25.22, CVC §12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.		
	<i>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am the authorized Administrator of the program for the above named employer.</i>		
	PRINTED NAME AND TITLE	ADMINISTRATOR'S DL NUMBER	DATE
	SIGNATURE OF ADMINISTRATOR		
	STREET ADDRESS CITY STATE ZIP CODE		

The Department of Motor Vehicles (DMV) will use the information on this application to determine if your organization qualifies to issue Certificates of Driving Skill (DL170ETP) for your employees in compliance with the California Vehicle Code (CVC). Information submitted is subject to verification by personnel of the DMV.

Changes or corrections to the form will void the form unless initialed by the person who made them.

Incomplete forms will be returned.

Prior to receiving authorization to participate in the Employer Testing Program (ETP), an on-site review may be required when the company is new to the program, or when prior authorization has been canceled, suspended, revoked, or expired over one year.

The on-site review will require a demonstration by the Employer of a commercial drive test comparable to the standards used by DMV Examiners to license commercial drivers. Information on requirements may be found in the Employer Testing Handbook (DL533ETP) available at local DMV field offices or by calling the ETP at (916) 657-7830.

The following criteria must be met and maintained to qualify for an employer number:

- The Administrator signing the Application for Employer Number (DL520ETP) must certify, under penalty of perjury, to the accuracy of the application and that the Employer will abide by the provisions in Title 13, California Code of Regulations, Article 2.1, §25.06-25.22, CVC Sections 12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.
- A new Application for Employer Number (DL520ETP) must be submitted within ten (10) days of occurrence if the Employer changes the Administrator, or the Administrator leaves employment of the company.
- Your company must have a driver testing/training program.
- Each driver issued a Certificate of Driving Skill (DL170ETP) must have passed a commercial driving test that meets DMV's commercial driving test requirements and standards.
- Your company must only use, and may not vary from, the DMV approved drive test routes when conducting a commercial drive test.
- Your company must note if your drivers will be operating vehicles carrying hazardous materials.
- The Examiner conducting the commercial drive test must have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate his or her company vehicle(s), have passed DMV's training class, and have an Examiner Application (DL 811ETP) on file with DMV.
- A new Application for Employer Number (DL520ETP) must be submitted within ten (10) days if there is a change of address, company name, class of license that they are certifying for, or if a listed authorized representative(s) is no longer authorized to sign for the company.

Please complete the Application for Employer Number (DL520ETP) and return it with the appropriate fees to:

Department of Motor Vehicles  
Employer Testing Program  
P.O. Box 944278 M/S H-275  
Sacramento, CA 94244-2780

If this is an original or renewal Application, you must also submit documentation of your primary and alternate drive test routes on the Commercial Driving Performance Evaluation (DPE) Route and Directions (DL814ETP), the Employer Testing Program Commercial DPE Maneuver Checklist (DL807ETP), and route maps for each drive test route, for DMV review and approval.